Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NATIONAL QUALITY MEASURES CLEARINGHOUSE

General

Title

Comprehensive diabetes care: percentage of members 18 through 75 years of age with diabetes mellitus (type 1 and type 2) who had an eye screening for diabetic retinal disease.

Source(s)

National Committee for Quality Assurance (NCQA). HEDISÂ® 2011: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2010. various p.

National Committee for Quality Assurance (NCQA). HEDISÂ® 2011: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2010. various p.

Measure Domain

Primary Measure Domain

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of members 18 through 75 years of age with diabetes mellitus (Type 1 and Type 2) who had an eye screening for diabetic retinal disease.

This measure is a component of a composite measure; it can also be used on its own.

Note from the National Quality Measures Clearinghouse (NQMC): For this measure, there are both Administrative and Hybrid Specifications. This NQMC measure summary is based on the Administrative Specification. Refer to the original measure documentation for details

pertaining to the Hybrid Specification.

Rationale

Diabetes is one of the leading causes of death and disability in the United States (U.S.). Approximately 24 million Americans, or close to 8 percent of the population, have the disease and with the rise in the number persons overweight and obese in the U.S., the number of diabetics are on the rise most regrettably among younger age groups. Much of the burden of illness and cost of diabetes is related to potentially preventable long-term complications that include heart disease, blindness, kidney disease and stroke. Timely screening and careful treatment can significantly reduce and delay the onset of complications of diabetes.

Primary Clinical Component

Diabetes mellitus; retinopathy; retinal eye exam; dilated eye exam

Denominator Description

Members with diabetes (Type 1 and Type 2) 18 through 75 years of age as of December 31 of the measurement year (see the related "Description of Case Finding" and the "Denominator Inclusions/Exclusions" fields)

Numerator Description

An eye screening for diabetic retinal disease as identified by administrative data. This includes diabetics who had one of the following:

> A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year, *or*
> A *negative* retinal exam (no evidence of retinopathy) by an eye care professional in the year prior to the measurement year

Refer to Table CDC-G in the original measure documentation for codes to identify eye exams. For exams performed in the year prior to the measurement year, a result must be available.

Evidence Supporting the Measure

Evidence Supporting the Criterion of Quality

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

Need for the Measure

Use of this measure to improve performance

Variation in quality for the performance measured

Evidence Supporting Need for the Measure

National Committee for Quality Assurance (NCQA). The state of health care quality: reform, the quality agenda and resource use. Washington (DC): National Committee for Quality Assurance (NCQA); 2010. 160 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

Accreditation

Decision-making by businesses about health-plan purchasing

Decision-making by consumers about health plan/provider choice

External oversight/Medicaid

External oversight/Medicare

External oversight/State government program

Internal quality improvement

National reporting

Application of Measure in its Current Use

Care Setting

Managed Care Plans

Professionals Responsible for Health Care

Measure is not provider specific

Lowest Level of Health Care Delivery Addressed

Single Health Care Delivery Organizations

Target Population Age

Age 18 through 75 years

Target Population Gender

Either male or female

Stratification by Vulnerable Populations

Unspecified

Characteristics of the Primary Clinical Component

Incidence/Prevalence

See the "Rationale" field.

Association with Vulnerable Populations

Unspecified

Burden of Illness

- People with diabetes are more susceptible to acute illness and have worse health outcomes than non-diabetics. For example, diabetics are more likely to die with pneumonia or influenza.
- Diabetes accounts for almost 45 percent of new cases of kidney failure.
- Patients with diabetes who maintain near-normal hemoglobin A1c (HbA1c) levels gain an average extra five years of life, eight years of sight, and six years free from kidney disease.
- Diabetes was the sixth leading cause of death on U.S. death certificates in 2006.

See also the "Rationale" field.

Evidence for Burden of Illness

Centers for Disease Control and Prevention (CDC). Diabetes 2008: disabling disease to double by 2050. Atlanta (GA): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2008.

Centers for Disease Control and Prevention (CDC). National diabetes fact sheet: general information and national estimates on diabetes in the United States, 2005. Atlanta (GA): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2005. 10 p.

Heart disease and stroke statistics - 2007 update. Dallas (TX): American Heart Association; 2007. 43 p.

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Kidney disease of diabetes. Bethesda (MD): National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK); 2008 Jan. 8 p.

Utilization

Unspecified

Costs

- Economic costs associated with diabetes totaled $174 billion in 2002.
- A worker's decreased productivity due to diabetes can cost the worker between $3,700 and $8,700 in annual earnings.

Evidence for Costs

Centers for Disease Control and Prevention (CDC). National diabetes fact sheet: general information and national estimates on diabetes in the United States, 2007. Atlanta (GA): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2008. 14 p.

Ng YC, Jacobs P, Johnson JA. Productivity losses associated with diabetes in the US. Diabetes Care. 2001 Feb;24(2):257-61. PubMed

Institute of Medicine (IOM) Healthcare Quality Report Categories

IOM Care Need

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding

Users of care only

Description of Case Finding

Members with diabetes (Type 1 and Type 2) 18 through 75 years of age as of December 31 of the measurement year who were continuously enrolled during the measurement year*

**Allowable Gap*: No more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment (commercial, Medicare). To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage.

Denominator Sampling Frame

Patients associated with provider

Denominator Inclusions/Exclusions

Inclusions

Members with diabetes (Type 1 and Type 2) 18 through 75 years of age as of December 31 of the measurement year

There are two ways to identify members with diabetes: by pharmacy data and by claim/encounter data*. The organization must use *both* to identify the eligible population, but a member only needs to be identified in one to be included in the measure. Members may be identified as having diabetes during the measurement year or the year prior to the measurement year.

*Note:

> *Pharmacy data*: Members who were dispensed insulin or oral hypoglycemics/antihyperglycemics during the measurement year or the year prior to the measurement year on an ambulatory basis. Refer to Table CDC-A in the original measure documentation for prescriptions to identify members with diabetes.
> *Claim/encounter data*: Members who had two face-to-face encounters, in an outpatient setting or nonacute inpatient setting, on different dates of service, with a diagnosis of diabetes (refer to Table CDC-B in the original measure documentation for codes to identify diabetes), or one face-to-face encounter in an acute inpatient or emergency department (ED) setting during the measurement year or year prior to the measurement year. The organization may count services that occur over both years. Refer to Table CDC-C in the original measure documentation for codes to identify visit type.

Exclusions

> Exclusionary evidence in the medical record must include a note indicating a diagnosis of polycystic ovaries at any time in the member's history, but must have occurred by December 31 of the measurement year. The member must not have a face-to-face encounter in any setting, with a diagnosis of diabetes, during the measurement year or the year prior to the measurement year. Exclusionary evidence in the medical record must include a note indicating a diagnosis of gestational or steroid-induced diabetes during the measurement year or the year prior to the measurement year. The member must not have a face-to-face encounter in any setting, with a diagnosis of diabetes, during the measurement year or the year prior to the measurement year.

Relationship of Denominator to Numerator

All cases in the denominator are equally eligible to appear in the numerator

Denominator (Index) Event

Clinical Condition

Encounter

Therapeutic Intervention

Denominator Time Window

Time window precedes index event

Numerator Inclusions/Exclusions

Inclusions
An eye screening for diabetic retinal disease as identified by administrative data. This includes diabetics who had one of the following:

> A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year, *or*
> A *negative* retinal exam (no evidence of retinopathy) by an eye care professional in the year prior to the measurement year

Refer to Table CDC-G in the original measure documentation for codes to identify eye exams. For exams

performed in the year prior to the measurement year, a result must be available.

Exclusions
Unspecified

Measure Results Under Control of Health Care Professionals, Organizations and/or Policymakers

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

Numerator Time Window

Fixed time period

Data Source

Administrative data

Medical record

Pharmacy data

Level of Determination of Quality

Individual Case

Pre-existing Instrument Used

Unspecified

Computation of the Measure

Scoring

Rate

Interpretation of Score

Better quality is associated with a higher score

Allowance for Patient Factors

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

Description of Allowance for Patient Factors

This measure requires that separate rates be reported for commercial, Medicare, and Medicaid plans.

Standard of Comparison

External comparison at a point in time

External comparison of time trends

Internal time comparison

Evaluation of Measure Properties

Extent of Measure Testing

Unspecified

Identifying Information

Original Title

Comprehensive diabetes care (CDC): eye exam (retinal) performed.

Measure Collection Name

HEDIS® 2011: Healthcare Effectiveness Data & Information Set

Measure Set Name

Effectiveness of Care

Measure Subset Name

Diabetes

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the

particular clinical content areas.

Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

Endorser

National Quality Forum - None

Included in

Ambulatory Care Quality Alliance

Physician Quality Reporting Initiative

Adaptation

Measure was not adapted from another source.

Release Date

1999 Jan

Revision Date

2010 Jul

Measure Status

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 417 p.

Source(s)

National Committee for Quality Assurance (NCQA). HEDISÂ® 2011: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2010. various p.

National Committee for Quality Assurance (NCQA). HEDISÂ® 2011: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2010. various p.

Measure Availability

The individual measure, "Comprehensive Diabetes Care (CDC): Eye Exam (Retinal) Performed," is published in "HEDIS® 2011. Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

Companion Documents

The following are available:

National Committee for Quality Assurance (NCQA). The state of health care quality: reform, the quality agenda and resource use. Washington (DC): National Committee for Quality Assurance (NCQA); 2010. 160 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2011: Volume 2: technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2010. 10 p. This document is available in Portable Document Format (PDF) from the National Committee for Quality Assurance (NCQA) Web site.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC Status

This NQMC summary was completed by ECRI on July 18, 2003. The information was verified by the measure developer on August 29, 2003. This NQMC summary was updated by ECRI on March 22, 2005 and on September 29, 2005. The information was verified by the measure developer on December 2, 2005. This NQMC summary was updated by ECRI Institute on February 19, 2008. The information was verified by the measure developer on April 24, 2008. This NQMC summary was updated by ECRI Institute on March 12, 2009. The information was verified by the measure developer on May 29, 2009. This NQMC summary was updated again by ECRI Institute on January 25, 2010 and February 22, 2011.

Copyright Statement

Disclaimer

NQMC Disclaimer

The National Quality Measures Clearinghouseâ„¢ (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical

specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the NQMC Inclusion Criteria.

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. Moreover, the views and opinions of developers or authors of measures represented on this site do not necessarily state or reflect those of NQMC, AHRQ, or its contractor, ECRI Institute, and inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.